

STATE OF NEW HAMPSHIRE 2018 Statement of Income and Expenses for LOBBYISTS

(RSA Chapter 15)

RECEIVED

OCT 3 1 2018

NEW HAMPSHIRE DEPARTMENT OF STATE

PLEASE PRINT

I.	Name of Lobbyist(s):
	Name of Labbrictic	_

Paul A. Worsowicz; Heidi L. Kroll; Lisa K. Shapiro, Ph.D.

II. Name of Lobbyist's partnership, firm or corporation, if any:

	GALLAGHER, CALLA 214 North Main Str	eet, Concord, NH	
603-228-118		26-3334	worsowicz@gcglaw.com
(Telephone)	(F	ax)	(Email)
	s: (Choose one – file separate rep ctions which are not attributable		t, OR you may file a separate report for
X All reportable trans	actions occurring in the month prio	r to the reporting da	ate relative to the following client.
			ULTISTATE ASSOCIATES INC.
(Full Name of Client as it appears or	n the Lobbyist Reg	istration Form)
All reportable trans unrelated to any par		ne lobbyist's family	y), or the lobbying firm listed below which a
IV. Date of Report:	April 25, 2018		July 25, 2018 🔲
Reports cover: activit	y from date of registration to 3/31/	18 activ	ity from 4/1/18 to 6/30/18
	October 31, 2018 🗵		January 30, 2019 🛘
acti	vity from 7/1/18 to 9/30/18	activ	ity from 10/1/18 to 12/31/18
V. There have been no fee If this box is checked, comp Concord, NH 03301.	es received and no reportable trai plete just this form and submit it to t	nsactions made sin the Secretary of Sta	ice the last report. tte's Office, State House, Room 204,
VI. Check if additional r	eports are attached:		
	d fees or made expenditures, you m	ust file Addendu m	A – Fees and Expenses
		s, you must file Ad	dendum B – Report of Honorariums or
If you, your firm, o	r your family has made political cor	ntributions, you mu	st file Addendum C – Political Contribution
Sworn Statement/Affirma I have read RSA 15, RSA I to the best of my knowledg	5-B and RSA 664 and hereby swea	r or affirm that the	foregoing information is true and complete
(Signature of Lobbyist)	orsowy		/0 7 P-/ P (Date)

Paul A. Worsowicz

(Print Name of lobbyist)



STATE OF NEW HAMPSHIRE Lobbyists Fees and Expenses Addendum A

(RSA Chapter 15:6)

I. Name of Lobbyist(s	Paul A. Worsowicz; Heidi L. Kroll; Lisa K. Sh	apiro, Ph	.D.	
II. Name of lobbyist's	partnership, firm or corporation, if any:			
	GALLAGHER, CALLAHAN & GARTRE	ELL. P.C.		
<u> </u>	(Name of partnership, firm or corporati			
III. Name of Client	ASSOCIATION OF EQUIPMENT MANUFACTURERS c/o MULTISTATE ASSOCIATES INC.	Date	October 31	
lobbying, including fee including research, more by any expenses:	ant of all fees received from the client identified above s for services such as public advocacy, government relationing legislation, and related legal work. The gross	ations, or p	public relatio it reported sha	ns services, all not be reduced
a) Total of all fees rece	eived in this reporting period		a) \$.00
	eived this calendar year, prior to this reporting period. the total prior monthly reports for this calendar year.)		b) \$	23,000.00
c) Total of all fees rece (Add lines a and b)	eived to date.		c) \$ ——	23,000.00
d) Indicate the amount yet been paid.	of any such fees that are due, but have not		d) \$.00
fees. Separate reports lobbyist(s)/firm that are to be reported in control reporting period for sexpenses where the expenses where the expenses where the expenses of a ceremon statement of each individual covered by (a) (for exagiven to the subject of legislative reception).	partnerships, firms, or corporations are required to rare to be filed for expenditures made relative to each of e unrelated to any one client a separate report may be one of three categories of expenses: (a) the aggregalaries, benefits, support staff, and office expenses; penditure was of \$25.00 or less (for example: meals pless, purchase of a pen with a value of less than \$10 to all object given to a person being lobbied with a value vidual expenditure made during this reporting period o ample: purchase of a meal with value of greater than \$10 to appear than \$25, but not greater than \$25, but not greater than \$25, but not greater than \$25, and should not be reported on Addendum A.	lient and ifiled for the state total of the agourchased that is given of \$25.00 f greater than	f expenditure the lobbyist(s of all expense gregate total during a bus en to the pers 0 or less); and han \$25.00 for use of a cerent \$50, restaura	es are made by the sylfirm. Expenses is paid during the of all individual iness lunch where son being lobbied and (c) an itemized or any purpose not notial object to be ant expenses for a
support staff, and offic	penses for this reporting period for salaries, benefits, e expenses, related directly or indirectly to lobbying.	a) \$ b) \$		3,152.50
b) Total aggregate of oin a), of \$25 or less.	expenditures during this reporting period, not reported	c) \$.00_
c) Total of all itemize	d expenditures reported in detail in section VI.	0, 0		.00_

Lobbyist Fees & Expenses, Addendum A – Page 2 Client: ASSOCIATION OF EQUIPMENT MANUFACTURERS c/o MULTISTATE	ASSOCIATES I	INC.
d) Total expenses for this reporting period. (Add lines a, b and c.)	d) \$	3,152.50
e) Total of expenses paid this calendar year, prior to this reporting period. (This should be the amount on line f of addendum A for last month's report.)		23,000.00
f) Total of all expenses year to date.	f) \$	26,152.50
VI. Other Expenses: Provide the following detail for all expenditures of more than \$25 made from lobbying period, including by whom paid or to whom charged.	fees during this	reporting
Paid to:	¢	ount
	\$	
	s	
	³	
Sworn Statement/Affirmation by Lobbyist		
I have read RSA 15, RSA 15-B and RSA 664 and hereby swear or affirm that the is true and complete to the best of my knowledge and belief.	he foregoing ir	ıformation
(Signature of Johnset)	(Date)	•
(Signature of lobbyist)	(Date)	_
Paul A. Worsowicz		
(Print Name of Lobbyist)		

State of New Hampshire Signature Form for Associated Lobbyist RSA Chapter 15

Use this form to swear or affirm the truth and completeness of Income and Expense Statements and related Addendums

	affirmation by Lobbyist ne and Expenses for:		
Name of Lobbying p	partnership, firm or corpor	ration: GALLAGHER, CAL	LLAHAN & GARTRELL, P.C.
Name of Client (leav particular client):		or the partnership, firm, or conent Manufacturers c/o Mul	rporation and not related to any tiState Associates Inc.
Date of Report (che	ck one):		
April 25, 2018 🗆	July 25, 2018 🗆	October 31, 2018 🔀	January 30, 2019 □
		e Statement of Income and Extendent (insert the number of	openses described above, and the Addendum forms being
1 Addendum A(s	3).		
0 Addendum B(s	s).		
0 Addendum C(s	s).		
•	firm that the foregoing int of my knowledge and be		nd each Addendum is true and
(Signature of Lobby			10.19.2018 (Date)
` ` `	(151)		(Date)
Heidi L. Kroll (Print Name of lob)	hvist)		
(1 THE PARIL OF TOO	oyisi <i>j</i>		

State of New Hampshire Signature Form for Associated Lobbyist RSA Chapter 15

Use this form to swear or affirm the truth and completeness of Income and Expense Statements and related Addendums

	affirmation by Lobbyist ne and Expenses for:		
Name of Lobbying p	partnership, firm or corpor	ration: GALLAGHER, CAI	LLAHAN & GARTRELL, P.C.
Name of Client (leav particular client):	ve blank if Statement is for Association of Equipm	er the partnership, firm, or content Manufacturers c/o Mul	rporation and not related to any
Date of Report (che	ck one):		
April 25, 2018 🗆	July 25, 2018 □	October 31, 2018 🔀	January 30, 2019 □
I have read RSA 15, following Addendur submitted):	RSA 15-B, RSA 664, the ms submitted with that Sta	e Statement of Income and Externent (insert the number of	xpenses described above, and the Addendum forms being
1 Addendum A(s).		
0 Addendum B(s).		
0 Addendum C(s).		
	firm that the foregoing in of my knowledge and be		nd each Addendum is true and
25	ے ۔		10-55-18
(Signature of Lobb	yist)		(Date)
Lisa K. Shapiro, P (Print Name of lob			